

Date: 01/26/05

JFK ASSASSINATION SYSTEM  
IDENTIFICATION FORM

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AGENCY INFORMATION

AGENCY : CIA  
RECORD NUMBER : 104-10112-10093  
RECORD SERIES : JFK  
AGENCY FILE NUMBER : 80T01357A  
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Released under the John  
F. Kennedy  
Assassination Records  
Collection Act of 1992  
(44 USC 2107 Note).  
Case#:NW 53294 Date:  
06-14-2017

DOCUMENT INFORMATION

AGENCY ORIGINATOR : CIA  
FROM : CONEIN, LUCIEN  
TO :  
TITLE : FORM:PERSONAL HISTORY STATEMENT OF CONEIN, LUCIEN EMILE  
DATE : 09/25/1961  
PAGES : 16

SUBJECTS : CONEIN, LUCIEN

DOCUMENT TYPE : PAPER  
CLASSIFICATION : UNCLASSIFIED  
RESTRICTIONS : 1A  
CURRENT STATUS : RELEASED IN PART PUBLIC - RELEASED WITH DELETIONS  
DATE OF LAST REVIEW : 07/22/93  
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[R] - ITEM IS RESTRICTED 104-10112-10093

DO NOT USE THIS SPACE ISSUED BY	<b>PERSONAL HISTORY STATEMENT</b>	THIS DATE (Fill in) <b>25 September 1961</b>
<b>INSTRUCTIONS</b>		
1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space. 2. Type, print or write carefully; illegible or incomplete forms will not receive consideration. 3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.		
<b>SECTION I GENERAL PERSONAL AND PHYSICAL DATA</b>		
1. FULL NAME (Last-First-Middle) <b>CONEIN, Lucien Emile</b>		2. AGE <b>44yrs</b>
		3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4. HEIGHT <b>5'11"</b>	5. WEIGHT <b>175lbs</b>	6. COLOR OF EYES <b>blue</b>
		7. COLOR OF HAIR <b>brown</b>
		8. TYPE COMPLEXION <b>fair</b>
		9. TYPE BUILD <b>medium</b>
10. SCARS (Type and Location): <b>appendectomy, hernia, rt. side of body</b>		
11. OTHER DISTINGUISHING PHYSICAL FEATURES <b>first joint rt. index and middle finger amputated</b>		
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country) <b>5011 Hanes Street McLean, Virginia Elmwood 6-4811</b>		13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO. <b>1905 North 10th Street Kansas City, Kansas</b>
14. CURRENT PHONE NO. <b>Elmwood 6-4811</b>	15. OFFICE PHONE NO. & EXT. <b>Oxford 57742</b>	
16. LEGAL RESIDENCE (State, Territory or Country) <b>Kansas</b>		17. NICKNAMES <b>Luigi</b>
18. OTHER NAMES YOU HAVE USED <b>NA</b>		19. INDICATE CIRCUMSTANCES (Including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES. <b>NA</b>
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority). <b>NA</b>		
<b>SECTION II POSITION DATA</b>		
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING <b>Position commensurate with past training and experience</b>		
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary). <b>\$ 11,500.00 per</b>		3. DATE AVAILABLE FOR EMPLOYMENT <b>1 October 1961</b>
4. INDICATE YOUR WILLINGNESS TO TRAVEL OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input checked="" type="checkbox"/> CONSTANTLY <input type="checkbox"/> OTHER: <input type="checkbox"/>		
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable) WASHINGTON, D.C. <input type="checkbox"/> ANYWHERE IN U.S. <input type="checkbox"/> CERTAIN LOCATIONS ONLY (Specify): <input checked="" type="checkbox"/> OUTSIDE CONTINENTAL U.S.		
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA. <b>NONE</b>		

SECTION III		CITIZENSHIP					
1. DATE OF BIRTH <b>29 Nov 1919</b>		2. PLACE OF BIRTH (City, State, Country) <b>Paris, France</b>					
3. PRESENT CITIZENSHIP (Country) <b>U.S.</b>		6. NATURALIZATION CERTIFICATE NO. <b>5426522</b>					
4. CITIZENSHIP ACQUIRED BY BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify): <input checked="" type="checkbox"/>		5. DATE NATURALIZED <b>11 August 1952</b>					
7. COURT ISSUING NATURALIZATION CERTIFICATE <b>District Court</b>		8. ISSUED AT (City, State, Country) <b>Tacoma, Washington</b>					
9. HAVE YOU HELD PREVIOUS NATIONALITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. IF YES, GIVE NAME OF COUNTRY <b>France, (see above)</b>					
11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY. <b>Born France 1919, emigrated U.S. 1925.</b>							
12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		13. GIVE PARTICULARS <b>NA</b>					
14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.)? <b>NA</b>							
15. DATE OF ARRIVAL IN U.S. <b>Sept 1925</b>		16. PORT OF ENTRY <b>New York City, New York</b>					
17. ON PASSPORT OF WHAT COUNTRY <b>France</b>		19. DATE VISA ISSUED <b>unknown</b>					
18. LAST U.S. VISA (No., Type, Place of Issue) <b>unknown</b>							
SECTION IV							
EDUCATION							
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED							
<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE		<input checked="" type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE					
<input type="checkbox"/> HIGH SCHOOL GRADUATE		<input type="checkbox"/> BACHELOR'S DEGREE					
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE		<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE					
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS		<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE					
2. ELEMENTARY SCHOOL							
1. NAME OF ELEMENTARY SCHOOL <b>Abbott Grade School</b>		2. ADDRESS (City, State, Country) <b>Kansas City, Kansas</b>					
3. DATES ATTENDED (From-and-To) <b>1926 to 1932</b>		4. GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
3. HIGH SCHOOL							
1. NAME OF HIGH SCHOOL <b>Wyandotte High</b>		2. ADDRESS (City, State, Country) <b>Kansas City, Kansas</b>					
3. DATES ATTENDED (From-and-To) <b>1932 to 1934</b>		4. GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
1. NAME OF HIGH SCHOOL		2. ADDRESS (City, State, Country)					
3. DATES ATTENDED (From-and-To)		4. GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO					
4. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/QTR HOURS* (Specify)
	MAJOR	MINOR	FROM	TO			
<b>University of Maryland</b>	<b>Mil</b>		<b>1949</b>	<b>1953</b>			<b>77</b>

SECTION IV CONTINUED TO PAGE 3

**SECTION IV CONTINUED FROM PAGE 2**

5. IF A GRADUATE DEGREE HAS BEEN NOTED IN ITEM 4 WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

NA

**6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS**

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
NA				

**7. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)**

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
OCS, TIS, Ft Benning, Ga.	OCS	MAR 43	July 43	4
Special Warfare Ft. Bragg	Special Forces	Nov 1956	Dec 1956	1½

8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.

OSS and Agency Schools

**SECTION V FOREIGN LANGUAGE ABILITIES**

1. LANGUAGE <small>(List below each language in which you possess any degree of competence. Indicate your proficiency to Read, Write or Speak by placing a check (X) in the appropriate box(es).)</small>	COMPETENCE - IN ORDER LISTED R-Read, W-Write, S-Speak															HOW ACQUIRED			
	EQUIVALENT TO NATIVE FLUENCY			FLUENT BUT OBVIOUSLY FOREIGN			ADEQUATE FOR RESEARCH			ADEQUATE FOR TRAVEL			LIMITED KNOWLEDGE			NATIVE OF COUNTRY	PRO- LONGED RES- IDENCE	CONTACT (with parents, etc.)	ACADEMIC STUDY (all levels)
	R	W	S	R	W	S	R	W	S	R	W	S	R	W	S				
French				X	X	X										X			

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY.

NA

3. IF YOU HAVE INDICATED FLUENCY FOR A LANGUAGE HAVING SIGNIFICANT DIFFERENCES IN SPOKEN AND WRITTEN FORM, EXPLAIN YOUR COMPETENCE THEREIN.

NA

4. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY IN THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY, AND OTHER SPECIALIZED FIELDS.

none

5. IF YOU HAVE NOTED A PROFICIENCY IN LANGUAGE, WOULD YOU BE WILLING TO USE THIS ABILITY IN ANY POSITION FOR WHICH YOU MIGHT BE SELECTED?



YES



NO

## SECTION VI

## GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL

1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES IN WHICH YOU HAVE TRAVELLED OR GAINED KNOWLEDGE AS A RESULT OF RESIDENCE, STUDY OR WORK ASSIGNMENT. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE OR TRAVEL	DATES AND PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
France	military	1944					OSS
China	military	1945					OSS
Indochina	military-polit	1945&56-59					OSS SSU CTA
Germany	intelligence	1946-1953					
Iran	intelligence	1959 - 1961					ACSI

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE.

Military assignments

3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED.

SP 207111 27 July 1959 exp 27 July 1963

## SECTION VII

## TYPING AND STENOGRAPHIC SKILLS

1. TYPING (wpm)	2. SHORTHAND (wpm)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM			
NA	NA	GREGG	SPEEDWRITING	STENOTYPE	OTHER (Specify):

2. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, Etc.).

NA

## SECTION VIII

## SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.

Hunting - Good

Fishing - Good

Free Fall Parachuting - Good

2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK.

OSS and Agency trained

Special Forces Battalion Commander 3yrs

Chief Military Liaison Group, ACSI intel (FI) team Teheran Iran

3. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 2, SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO (Indicate CW speed, sending and receiving), OFFSET PRESS, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES.

none

SECTION VIII CONTINUED TO PAGE 5

## SECTION VIII CONTINUED FROM PAGE 4

4. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, ETC.? ☐ YES ☐ NO

5. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE ISSUING LICENSE (Provide License Registry Number, if known).

6. FIRST LICENSE OR CERTIFICATE (Year of Issue)

7. LATEST LICENSE OR CERTIFICATE (Year of Issue)

8. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do NOT submit copies unless requested). INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-Fiction or Scientific articles, General Interest subjects, Novels, Short Stories, Etc.).

9. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED.

10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.

11. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

## SECTION IX

## EMPLOYMENT HISTORY

NOTE: (LIST LAST POSITION FIRST.) Indicate chronological history of employment for past 15 years. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign Government, regardless of dates. In completing item 9, "Description of Duties" consider your experience carefully and provide meaningful, objective statements.

1. INCLUSIVE DATES (From and To - By Mo. and Yr.)

U.S. Army Sept 1941 to pres.

2. NAME OF EMPLOYING FIRM OR AGENCY

U.S. Army

3. ADDRESS (No., Street, City, State, Country)

Washington 25 D.C.

4. KIND OF BUSINESS

Military

5. NAME OF SUPERVISOR

M/Gen John Willems

6. TITLE OF JOB

Lt. Colonel

7. SALARY OR EARNINGS

\$11,561.16 per year

8. CLASS. GRADE (If Federal Service)

Lt. Col.

9. DESCRIPTION OF DUTIES

U.S. Army Officer assigned to the Assistant Chief of Staff for Intelligence

10. REASONS FOR LEAVING

am retiring after 24yrs 3mos 14 days service

SECTION IX CONTINUED TO PAGE 6

## SECTION IX CONTINUED FROM PAGE 5

2	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (No., Street, City, State, Country)			
	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
	6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
			\$	PER
9. DESCRIPTION OF DUTIES				
10. REASONS FOR LEAVING				
3	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (No., Street, City, State, Country)			
	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
	6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
			\$	PER
9. DESCRIPTION OF DUTIES				
10. REASONS FOR LEAVING				
4	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (No., Street, City, State, Country)			
	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
	6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
			\$	PER
9. DESCRIPTION OF DUTIES				
10. REASONS FOR LEAVING				
5	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (No., Street, City, State, Country)			
	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
	6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
			\$	PER

SECTION IX CONTINUED TO PAGE 7

## SECTION IX CONTINUED FROM PAGE 6

5	9. DESCRIPTION OF DUTIES			
	10. REASONS FOR LEAVING			
6	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (No., Street, City, State, Country) -			
	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
	6. TITLE OF JOB		8. CLASS. GRADE (If Federal Service)	
	7. SALARY OR EARNINGS		PER	
	\$		PER	
6	9. DESCRIPTION OF DUTIES			
	10. REASONS FOR LEAVING			
7	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (No., Street, City, State, Country)			
	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
	6. TITLE OF JOB		8. CLASS. GRADE (If Federal Service)	
	7. SALARY OR EARNINGS		PER	
	\$		PER	
7	9. DESCRIPTION OF DUTIES			
	10. REASONS FOR LEAVING			

8. IF PRIOR SERVICE WITH THE FEDERAL GOVERNMENT IS NOTED ABOVE, INDICATE THE NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL SERVICE RETIREMENT, IF KNOWN.

9. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION. ☐ YES ☒ NO

HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? ☐ YES ☒ NO

IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS "YES", GIVE DETAILS



SECTION X												MILITARY SERVICE																					
<b>1. CURRENT DRAFT STATUS</b>																																	
1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (As amended)												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		2. SELECTIVE SERVICE CLASSIFICATION <div style="text-align: center;">NA</div>						3. SELECTIVE SERVICE NO.													
4. IF DEFERRED, GIVE REASON <div style="text-align: center;">USAR Ret Reserves</div>												5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS <div style="text-align: center;">NA</div>																					
<b>2. MILITARY SERVICE RECORD</b>																																	
1. CURRENT AND/OR PAST ORGANIZATIONAL MEMBERSHIP																																	
CHECK (X) AS APPROPRIATE		ARMY		NAVY		MARINE CORPS		AIR FORCE		COAST GUARD		MERCHANT MARINE		NATIONAL GUARD		AIR NAT'L GUARD		FOREIGN ORGAN. OR MIL. SERVICE (Specify):															
HAVE SERVED																																	
NOW SERVING		<input checked="" type="checkbox"/>																															
2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S) <div style="text-align: center;">parachute infantry</div>																																	
3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service) <div style="text-align: center;">NA</div>												4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Past and current service) <div style="text-align: center;">over 20 yrs</div>																					
5. DATE ENTERED ACTIVE DUTY		PAST SERVICE <div style="text-align: center;">22 Sept 41</div>				CURRENT SERVICE <div style="text-align: center;">NA</div>				6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY ORGANIZATION <div style="text-align: center;">18 mos</div>																							
7. RANK, GRADE OR RATE		PAST SERVICE <div style="text-align: center;">pvt</div>				CURRENT SERVICE <div style="text-align: center;">Lt. Col</div>				8. SERVICE, SERIAL OR FILE NUMBER (If now serving, provide current number) <div style="text-align: center;">01-222769</div>																							
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE												PAST SERVICE <div style="text-align: center;">71542</div>												CURRENT SERVICE <div style="text-align: center;">31542</div>									
10. SECONDARY MIL. OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE												PAST SERVICE <div style="text-align: center;">93000</div>												CURRENT SERVICE <div style="text-align: center;">39300</div>									
11. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to past or current service) <div style="text-align: center; padding: 10px;">Chief of Military Liaison Group, ARMISH/MAAG, APO 205 NY, NY</div>																																	
12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY																																	
<input type="checkbox"/> HONORABLE DISCHARGE						<input type="checkbox"/> RETIREMENT FOR SERVICE						<input type="checkbox"/> UNDUE HARDSHIPS																					
<input type="checkbox"/> RELEASE TO INACTIVE DUTY						<input type="checkbox"/> RETIREMENT FOR COMBAT DISABILITY						OTHER: <div style="text-align: center;">NA</div>																					
<input type="checkbox"/> RETIREMENT FOR AGE						<input type="checkbox"/> RETIREMENT FOR PHYSICAL DISABILITY																											
13. CHECK (X) COMPONENT IN WHICH YOU SERVED																																	
<input checked="" type="checkbox"/> REGULAR		<input checked="" type="checkbox"/> RESERVE (Including the National and Air National Guard)										<input checked="" type="checkbox"/> OTHER (Including AUS) <div style="text-align: center;">AUS</div>																					
<b>3. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS</b>																																	
1. DO YOU NOW HAVE RESERVE STATUS?						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		2. ARE YOU NOW A MEMBER OF THE NAT'L. GRD. OR AIR NAT'L. GRD.?						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		3. ARE YOU NOW A MEMBER OF THE ROTC?						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW																																	
<input checked="" type="checkbox"/> ARMY		<input type="checkbox"/> MARINE CORPS				<input type="checkbox"/> NATIONAL GUARD				<input type="checkbox"/> COAST GUARD				<input type="checkbox"/> NAVY ROTC				INDICATE ROTC CATEGORY NUMBER															
<input type="checkbox"/> NAVY		<input type="checkbox"/> AIR FORCE				<input type="checkbox"/> AIR NAT'L. GUARD				<input type="checkbox"/> ARMY ROTC				<input type="checkbox"/> AIR FORCE ROTC																			
5. CURRENT RANK, GRADE OR RATE <div style="text-align: center;">Lt Col</div>						6. DATE OF APPOINTMENT IN CURRENT RANK <div style="text-align: center;">8 July 58</div>						7. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION <div style="text-align: center;">1 Oct 1961</div>																					
8. CHECK (X) CURRENT RESERVE CATEGORY												<input type="checkbox"/> READY RESERVE				<input type="checkbox"/> STANDBY (Active)				<input type="checkbox"/> STANDBY (Inactive)				<input checked="" type="checkbox"/> RETIRED									
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE <div style="text-align: center;">NA</div>												10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE <div style="text-align: center;">NA</div>																					
11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES <div style="text-align: center;">NA</div>																																	
12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NAT'L. GUARD OR ROTC TRAINING UNIT												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS <div style="text-align: center;">NA</div>																			
14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS <div style="text-align: center;">Na</div>																			
16. INDICATE TOTAL MILITARY SERVICE FOR LONGEVITY PURPOSES INCLUDING ACTIVE AND INACTIVE DUTY												YEARS <div style="text-align: center;">24</div>		MONTHS <div style="text-align: center;">3</div>		17. WHERE ARE YOUR SERVICE RECORDS KEPT? <div style="text-align: center;">ACST</div>																	

SECTION XI		FINANCIAL STATUS	
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME			
Not Applicable			
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
NAME OF INSTITUTION		ADDRESS (City, State, Country)	
The Riggs Nat'l Bank, Lincoln Br.		17th & H Street, N.W. Washington, D.C.	
4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)			
NA			
6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES			
NAME		ADDRESS (No., Street, City, State)	
S.W. Rice Co.		1342 G St. N.W., Washington D.C	
The First City Bank & Trust		Fort Bragg, North Carolina	
The Guaranty State Bank		1000 Minn Ave., Kansas City Kansas	
7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS			
na			
9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTIONS WITH NON-U.S. CORPORATIONS OR BUSINESSES; OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer "YES", furnish details on separate sheet.)			
SECTION XII		MARITAL STATUS	
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, or Annulled) SPECIFY: <b>MARRIED</b>			
2. STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS			
Divorced from Monique Pierre Veber, 23 December 1947, Paris, France. Divorce by mutual agreement. Divorced from Carmen Gil, 26 Mar '57, Wyandotte County, Kansas			
WIFE, HUSBAND OR FIANCE: If you have been married more than once - including annulments - use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancé.			
3. NAME (First) (Middle) (Maiden) (Last)			
Elyette BROCHOT		BROCH OT CONEIN	
4. STATE ANY OTHER NAMES EVER USED		INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH ANY OF THESE NAMES WERE USED. IF LEGAL CHANGE GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.	
NA			
5. DATE OF MARRIAGE	6. PLACE OF MARRIAGE (City, State, Country)		
30 March 1958	Dillon, South Carolina		
7. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)			
7 rue Docteur Charcot, Champigny sur Marne, Seine, France			
8. LIVING		9. DATE OF DEATH	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NA	
11. CURRENT ADDRESS (Give last address, if deceased)		10. CAUSE OF DEATH	
50 11 Hanes Street, McLean, Virginia		a	
12. DATE OF BIRTH	13. PLACE OF BIRTH (City, State, Country)		14. CITIZENSHIP
4 Sept 1929	Vinh, Vietnam		USA
SECTION XII CONTINUED TO PAGE 10			

## SECTION XII CONTINUED FROM PAGE 9

14. IF BORN OUTSIDE U.S. - DATE OF ENTRY 23 December 1956		15. PLACE OF ENTRY New York City, New York	
16. FORMER CITIZENSHIP(S) [Country(ies)] French		17. DATE U.S. CITIZENSHIP ACQUIRED 14 July 1959	18. WHERE ACQUIRED (City, State, Country) U.S. Dist. Court for Dist of Col.
19. OCCUPATION housewife		20. PRESENT EMPLOYER (Also give former employer, or if spouse deceased or unemployed give last two employers) none	
21. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) NA			
22. DATES OF MILITARY SERVICE (From and to - 3y Mo. and Yr.) NA			
23. BRANCH OF SERVICE NA		24. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED NA	
25. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN NA			

## SECTION XIII CHILDREN AND OTHER DEPENDENTS

## 1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	ADDRESS
Charles M. Conein	son	30 March 1950, Frankfurt	USA	4854 Kermore Alexandria, Va
Laurent P. Conein	son	19 April 1958, Fayetteville N.C.	USA	5011 Hanes St McLean, Virginia
Philippe J. Conein	son	16 Nov 1959, Tehran Iran	USA	" " "

2. NUMBER OF CHILDREN (Including step-children and adopted children) WHO ARE UNMARRIED, UNDER 21 YRS. OF AGE AND NOT SELF-SUPPORTING. **3**

3. NUMBER OF OTHER DEPENDENTS (Including spouse, parents, step-parents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN OVER 21 YRS. OF AGE WHO ARE NOT SELF-SUPPORTING. **0**

## SECTION XIV FATHER (Give same information, for Stepfather and/or Guardian on a separate sheet)

1. FULL NAME (Last-First-Middle) Conein, Lucien Xavier		2. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3. DATE OF DEATH 1924	4. CAUSE OF DEATH heart attack
5. STATE OTHER NAMES HE HAS USED none		INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 18 OF THIS FORM TO RECORD THIS INFORMATION.		
6. CURRENT ADDRESS - Give last address, if deceased (No., Street, City, State, Country) NA				
7. DATE OF BIRTH 14 March 1872	8. PLACE OF BIRTH (City, State, Country) Maux, Seine et Marne, France		9. CITIZENSHIP french	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY NA		11. PLACE OF ENTRY NA		
12. FORMER CITIZENSHIP(S) [Country(ies)] NA	13. DATE U.S. CITIZENSHIP ACQUIRED NA	14. WHERE ACQUIRED (City, State, Country) NA		
15. OCCUPATION NA	16. PRESENT EMPLOYER (Give last employer, if Father is deceased or unemployed) NA			
17. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS OR SELF-EMPLOYED NA				
18. DATES OF MILITARY SERVICE (From-and-To) 1914 to 1919	19. BRANCH OF SERVICE unk		20. COUNTRY france	
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN NMA				

SECTION XV. MOTHER (Give same information for Stepmother on separate sheet)			
1. FULL NAME (Last-First-Middle)		2. LIVING	3. DATE OF DEATH
Estelle Leontine Conein		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NA
5. STATE OTHER NAMES SHE HAS USED		INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH SHE HAS EVER USED THESE NAMES: IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.	
Estelle Leontine Elin (maiden)			
6. CURRENT ADDRESS - GIVE LAST ADDRESS, IF DECEASED (No., Street, City, State, Country)			
150 Monterey Street, Brisbane, California			
7. DATE OF BIRTH	8. PLACE OF BIRTH (City, State, Country)		9. CITIZENSHIP
6 June 1893	Soengei, Dutch East Indies		U.S.
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY		11. PLACE OF ENTRY	
22 May 1948		New York City, New York	
12. FORMER CITIZENSHIP(S) [Country(ies)]	13. DATE U.S. CITIZENSHIP ACQUIRED	14. WHERE ACQUIRED (City, State, Country)	
French	10 November 1959	Dist. Court, San Francisco, Cal.	
15. OCCUPATION	16. PRESENT EMPLOYER (Give last employer, if Mother is deceased or unemployed)		
none	NA		
17. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED			
NA			
18. DATES OF MILITARY SERVICE (From-and-To)	19. BRANCH OF SERVICE		20. COUNTRY
NA	NA		NA
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN			
NA			

#### SECTION XVI BROTHERS AND SISTERS (Including Half-, Step- and Adopted Brothers and Sisters)

1	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	5. LIVING	6. AGE
	Conein, Maurice Rene	Brother	French	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	39
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)				
	unknown Champigny sur Marne, Seine, France				
2	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	5. LIVING	6. AGE
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)				
3	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	5. LIVING	6. AGE
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)				
4	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	5. LIVING	6. AGE
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)				
5	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	5. LIVING	6. AGE
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)				
6	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	5. LIVING	6. AGE
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)				
7	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	5. LIVING	6. AGE
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)				
8	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	5. LIVING	6. AGE
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)				

SECTION XVII		FATHER-IN-LAW		
1. FULL NAME (Last-First-Middle) <b>John James Jones BROCHOT</b>		2. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
3. STATE OTHER NAMES HE HAS USED <b>unknown</b>		4. DATE OF DEATH		
5. STATE OTHER NAMES HE HAS USED <b>unknown</b>		4. CAUSE OF DEATH		
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) <b>Noumea, New Caledonia</b>				
7. DATE OF BIRTH <b>unk</b>	8. PLACE OF BIRTH (City, State, Country) <b>Noumea, New Caledonia</b>		9. CITIZENSHIP <b>French</b>	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY <b>NA</b>		11. PLACE OF ENTRY <b>NA</b>		
12. FORMER CITIZENSHIP(S) [Country(ies)] <b>MA</b>	13. DATE U.S. CITIZENSHIP ACQUIRED <b>NA</b>	14. WHERE ACQUIRED (City, State, Country) <b>NA</b>		
15. OCCUPATION <b>self employed</b>	16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed) <b>self employed</b>			
SECTION XVIII		MOTHER-IN-LAW		
1. FULL NAME (Last-First-Middle) <b>MA Marie Broch ot</b>		2. LIVING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
3. STATE OTHER NAMES SHE HAS USED <b>NA</b>		4. DATE OF DEATH <b>NA 1947</b>		
5. STATE OTHER NAMES SHE HAS USED <b>NA</b>		4. CAUSE OF DEATH <b>cancer</b>		
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) <b>NA</b>				
7. DATE OF BIRTH <b>NA</b>	8. PLACE OF BIRTH (City, State, Country) <b>NA</b>		9. CITIZENSHIP <b>French</b>	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY <b>NA</b>		11. PLACE OF ENTRY <b>NA</b>		
12. FORMER CITIZENSHIP(S) [Country(ies)] <b>NA</b>	13. DATE U.S. CITIZENSHIP ACQUIRED <b>NA</b>	14. WHERE ACQUIRED (City, State, Country) <b>NA</b>		
15. OCCUPATION <b>NA</b>	16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed) <b>NA</b>			
SECTION XIX				
RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT				
2	1. FULL NAME (Last-First-Middle) <b>CONEIN, Maurice Rene</b>		2. RELATIONSHIP <b>brother</b>	3. AGE <b>39</b>
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES <b>Champigny sur Marne, Seine France</b>		5. EMPLOYED BY <b>unknown</b>	
	6. CITIZENSHIP (Country) <b>french</b>	7. FREQUENCY OF CONTACT <b>seldom</b>	8. DATE OF LAST CONTACT <b>16 Sept 61</b>	
3	1. FULL NAME (Last-First-Middle) <b>BROCHOT, Joh n James Jones</b>		2. RELATIONSHIP <b>f,ther in law</b>	3. AGE <b>unk</b>
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES <b>Noumea, New Caledonia</b>		5. EMPLOYED BY <b>self employed</b>	
	6. CITIZENSHIP (Country) <b>French</b>	7. FREQUENCY OF CONTACT <b>have never seen</b>	8. DATE OF LAST CONTACT <b>never contacted</b>	
4	1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. EMPLOYED BY	
	6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	
5	1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. EMPLOYED BY	
	6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	

SECTION XIX CONTINUED TO PAGE 13

## SECTION XIX CONTINUED FROM PAGE 12

6. SPECIAL REMARKS, IF ANY, CONCERNING RELATIVES NOTED IN SECTION XIX ABOVE

## SECTION XX

## RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES

1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
NA			
5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		

## SECTION XXI

## REFERENCES, ACQUAINTANCES, AND NEIGHBORS

1. LIST FIVE CHARACTER REFERENCES, NOT RELATIVES, IN THE U.S., WHO KNOW YOU INTIMATELY

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
B/Gen Edw. G. Lansdale	Of Ass't Sec Def.	4503 Mac Arthur Blvd Washington, D.C.
Mr. Lucius O. Rucker	CIA	5011 Hanes Street <del>Mc Lean, Virginia</del>
Hon. Errett P. Scrivner	congress	2331 Cathedral Av. N.W. Washington, D.C.
Mr. Alfred T. Cox	CIA	Arlington Towers <del>Arlington, Virginia</del>
Mr. John Foster	CIA	U.S. Embassy <del>Teheran, Iran</del>

2. LIST FIVE PERSONS, IN THE U.S. WHO KNOW YOU SOCIALLY - NOT RELATIVES, SUPERVISORS OR EMPLOYERS

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
Since I have Been in the military Service since September 1941 and since		
since the majority of my military service has been in overseas areas, specifically		
since 1959, 1961, and since I have just returned from Teheran, Iran, my social		
contacts are not in the United States.		

3. LIST THREE NEIGHBORS AT YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
Same as above applies. In the military service people are being continuously		
transferred to new duty stations therefore at this time it is impossible to		
adequately answer this question.		



## SECTION XXII

## CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind (Include membership in, or support of, any organization having headquarters or branch in a foreign country) to which you belong or have belonged.

NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATES OF MEMBERSHIP	
		FROM	TO
Airborne Association	Ft. Bragg, North Carolina	1956	pres
Reserve Officers Association	Washington, D.C.	1957	pres
Assoc of U.S. Army	Washington, D.C.	1958	pres

## SECTION XXIII

## RESIDENCES FOR THE PAST 15 YEARS

ADDRESS - LAST RESIDENCE FIRST (Number, Street, City, State, Country)	INCLUSIVE DATES	
	FROM	TO
Agency mission to Germany	1946	1953
1512 Ellison Street, Falls Church, Virginia	Aug '53	June '54
Agency mission to Vietnam	June '54	Oct '56
13 Maas Drive, Ft. Bragg, North Carolina	Nov '56	Aug '59
No 5 Kuchi Safa, Teheran, Iran (Mil Liaison Gp. APO 205 NY)	Sept '59	Sept '61

## SECTION XXIV

## ADDITIONAL INFORMATION

1. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF; OR HAVE YOU EVER SUPPORTED OR BEEN ASSOCIATED WITH ANY POLITICAL PARTY, INDIVIDUAL OR ORGANIZATION WHICH ADVOCATES OR TEACHES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES BY FORCE, VIOLENCE OR OTHER UNCONSTITUTIONAL MEANS, OR SEEKS BY FORCE OR VIOLENCE TO DENY PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES?

YES

☒ NO

2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN

3. DO YOU USE OR HAVE YOU EVER USED INTOXICANTS?

☒ YES

NO

4. IF SO, TO WHAT EXTENT?

occasionally

5. DO YOU USE OR HAVE YOU EVER USED NARCOTICS?

☐ YES☒ NO

6. IF SO, TO WHAT EXTENT?

7. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES?

☒ YES☐ NO

IF ANSWER IS "YES", GIVE COMPLETE DETAILS.

Military Liaison to J-2 SCS, Imp Iranian Army 1959 to 1961

8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940

U.S. Army

9. IF TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAVE CONDUCTED AN INVESTIGATION OF YOU, INDICATE THE NAME OF THE AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION.

OSS 1943

SSU 1946

GIG 1947

CIA 1948-49

U.S. Army 1956-57

ACSI D of A 1959

## NOTE SPECIAL INSTRUCTIONS

If your answer is "YES" to the following Questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.

10. HAVE YOU, OR TO YOUR KNOWLEDGE HAS YOUR SPOUSE, EVER BEEN DETAINED, ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION IN THE UNITED STATES OR ABROAD?

YES

IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTION ABOVE.

☒ NO

11. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.

YES

☒ NO

12. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.

YES

☒ NO

## SECTION XXV

## PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (First-Middle-Last)

Elyette Brochot Conein

2. RELATIONSHIP

wife

3. HOME ADDRESS (No., Street, City, Zone, State, Country)

4. HOME PHONE NO.

Elmwood 6-1811

5. BUSINESS ADDRESS (No., Street, City, Zone, State, Country) - INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE

Dept of the Army

6. BUSINESS PHONE NO. & EXT.

OX 57742

7. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE, BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

Mrs. Estelle Conein. 150 Monterey St. Brisbane, Calif. Mother



SECTION XXVI

CERTIFICATION

YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.

I have read and understand the instructions. I Certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. DATE OF SIGNATURES

25 September 1961

2. SIGNATURE OF APPLICANT

*Lucien L. Conner*

3. SIGNED AT (City and State)

Washington D.C.

4. SIGNATURE OF WITNESS

*H.O. Rucker, Jr.*

NOTE: Use the following space for extra details. Reference each continued item by section and item number to which it relates, sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.